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APPLICANTS

Douglas William Farenholtz, Abbotsford, CANADA;

David N. Broussard, Gatesville, TX;

** CONTINUING DATA ***** *yes*

This application is a CON of 10/066,568 02/06/2002 PAT 6,719,566
 which claims benefit of 60/267,141 02/08/2001

*RN*** FOREIGN APPLICATIONS ***** *none**RN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RN</i>	CANADA	9	33	1
Verified and Acknowledged	Examiner's Signature <i>RN</i> Initials				

ADDRESS

Merek, Blackmon and Voorhees, LLC
 673 South Washington Street
 Alexandria , VA
 22314

TITLE

Training manikin support

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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